



Qualified Provider Calculation Sheet

1. INCOME INFORMATION

- a. Pregnant Woman's Income \$ _____
- b. Husband's Income (If Married) \$ _____
- c. Parent's Income (If living with
parents and under 18) \$ _____
- d. Total (Income) \$ _____

2. Compare the TOTAL (1.d.) to the FPL Chart for the Household Size.

3. Is the Pregnant Woman eligible for PE? Yes _____ No _____

4. If not eligible for PE, give reason for denial:

_____ Over Income

_____ Not a Wyoming Resident

5. Denial or Approval Notice given to Pregnant Woman? Yes _____ No _____

6. Did applicant sign the Rights and Responsibilities? Yes _____ No _____

7. ELIGIBLE FROM _____/_____/_____

ENDING _____/_____/_____

8. QUALIFIED PROVIDER NAME _____

PHONE _____

Household Size	2	3	4	5	6	7	8	9	10	11	12	13 Or more
154% FPL	\$2,056	\$2,588	\$3,119	\$3,650	\$4,182	\$4,714	\$5,248	\$5,782	\$6,316	\$6,850	\$7,384	Add \$534 Each